FOOD AND DRUG ADMINISTRATION (FDA)

Center for Drug Evaluation and Research (CDER)

Meeting of the Endocrinologic and Metabolic Drugs Advisory Committee (EMDAC)

FDA White Oak Campus, Building 31, the Great Room, White Oak Conference Center (Rm. 1503), Silver Spring, MD

October 16, 2013

DRAFT QUESTIONS

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1. **DISCUSSION:**

   In ANCHOR, 12 weeks of treatment with Vascepa 4 g/day led to an estimated median -21.5% (95% CI, -26.7% to -16.2%; P<0.0001) change in fasting triglycerides, compared with the mineral oil placebo, among statin-treated patients with mixed dyslipidemia at high cardiovascular risk. Changes in other lipid/lipoprotein parameters (selected secondary and exploratory endpoints) are summarized in the table below.

	Median % Change from Baseline to Week 12		Median % Change (95% CI)
	Placebo	Vascepa 4g/day	Treatment Difference
Fasting TG	+5.9	-17.5	-21.5 (-26.7, -16.2)
Direct LDL-C	+8.8	+1.5	-6.2 (-10.5, -1.7)
Non-HDL-C	+9.8	-5.0	-13.6 (-17.2, -9.9)
VLDL-C	+15.0	-12.1	-24.4 (-31.9, -17.0)
Apo B	+7.1	-2.2	-9.3 (-12.3, -6.1)
Tot. Chol.	+9.1	-3.2	-12.0 (-14.9, -9.2)
HDL-C	+4.8	-1.0	-4.5 (-7.4, -1.8)
Apo A-I	+3.6	-2.9	-6.9 (-8.9, -4.9)

   Please discuss the efficacy results from the ANCHOR trial, including the clinical significance of the observed changes in lipid/lipoprotein parameters and your level of confidence that these changes will translate into a meaningful reduction in cardiovascular risk among the target population.

2. **VOTE:**

   Taking into account the described efficacy and safety data for Vascepa, do you believe that its effects on the described lipid/lipoprotein parameters are sufficient to grant approval for co-administration with statin therapy for the treatment of patients with mixed dyslipidemia and CHD or CHD risk equivalent prior to the completion of REDUCE-IT? Please provide the rationale underlying your recommendation.